

PTO/SB/21 (00-04)

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## Application Number 09/863,406-Conf. #009183 Filing Date **TRANSMITTAL** May 24, 2001 First Named Inventor **FORM** Staffan JONSSON Art Unit 3743 (to be used for all correspondence after initial filing) Examiner Name T. V. Duong Attorney Docket Number 15 1291-0183P Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)									
X Fee Transmittal Form		Drawing(s)	After Allowance Communication to TC						
X Fee Attached		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences						
Amendment/Reply		Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After Final		Petition to Convert to a Provisional Application	Proprietary Information						
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter						
X Extension of Time Request		Terminal Disclaimer	X Other Enclosure(s) (please Identify below):						
Express Abandonment Request		Request for Refund	Return Receipt Postcard						
Information Disclosure Statement		CD, Number of CD(s)							
Certified Copy of Priority Document(s)		Landscape Table on CD							
Reply to Missing Parts/ Incomplete Application		Remarks							
Reply to Missing Parts under 37 CFR 1.52 or 1.53		Reply to Election of Species Requirement							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP								
Signature	Jone M. Alatten								
Printed name	James M. Slattery								
Date	January 4, 2006	Reg. No.	28,380						



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Effe	Complete if Known										
Fees pursuant to the Conso	Application Num	Application Number 09/863,406-Conf. #009183									
FEE TR	Filing Date	M	May 24, 2001 Staffan JONSSON								
- ——	First Named Inve	entor St									
Fo	Examiner Name	T.	T. V. Duong								
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		743						
TOTAL AMOUNT OF F	Attorney Docket No. 1291-0183P										
METHOD OF PAYMENT (check all that apply)											
x Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILI		ARCH FEES		TION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid	(\$)				
Utility	300	150 500	250	200	100		_				
Design	200	100 100	50	130	65						
Plant	200	100 300	150	160	80						
Reissue	300	150 500	250	600	300						
Provisional	200	100 0	0	0	0						
2. EXCESS CLAIM FEES Small Entity											
Fee Description						<u>Fee (\$)</u> <u>Fo</u>	ee (\$)				
Each claim over 20 (including Reissues) 50 25											
Each independent claim over 3 (including Reissues) 200							100				
Multiple dependent clai	ms					360	180				
Total Claims Ex	tra Claims	Fee (\$) Fee F	Paid (\$) Multiple Depen								
	× .	=		<u>Fee</u>	<u>(\$)</u> <u>F</u>	ee Paid (\$)					
Indep. Claims Ex	tra Claims x	Fee (\$) Fee I	Paid (\$)	***************************************							
ADDI ICATION SIZE	<del></del>										
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =											
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): Extension for response within second month; additional 1252 claim fee (\$50) 500.00											
SUBMITTED BY		100									
Pagintration No.					Telephone	(703) 205-8000					
Name (Print/Type) James			Date	January 4, 20	06						